


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004400						FILED FEB -9 PH 2: 34	
1. Entity Name LIGHTHOUSE MINISTRIES OF WEWAHITCHKA, INC.				2. Principal Place of Business 5851 HWY 71 WEWAHITCHKA, FL 32465			
3. Mailing Address 5851 HWY 71 WEWAHITCHKA, FL 32465				4. FEI Number 11042004 REIN-NP CR2E099 (6/04)			
Suite, Apt. #, etc. Suite, Apt. #, etc.		City & State Wewahitchka, FL		City & State Wewahitchka, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32465		Country 32465		6. Name and Address of Current Registered Agent WEEKS, FAYE 5851 HWY 71 WEWAHITCHKA, FL 32465		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>April D McEmore</u> 12-20-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, IREY E PO BOX 853 WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043587403 02/15/05--01035--024 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, FAYE PO BOX 853 WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEMORE, APRIL D 356 E REID AVE WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043587403 12/22/04--01061--009 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to require the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like information.							
SIGNATURE: <u>April D McEmore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				12-20-04 850 639 3333 <small>Date Daytime Phone #</small>			